

**U.S. ARMY GRADUATE PROGRAM  
IN ANESTHESIA NURSING PHASE II**

**STUDENT GUIDE BOOK  
2004**

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**US ARMY GRADUATE PROGRAM  
IN ANESTHESIA NURSING PHASE II  
DARNALL ARMY COMMUNITY HOSPITAL**

**I. MISSION AND OBJECTIVES**

**A. Purpose:**

The purpose of the US Army Graduate Program in Anesthesia Nursing, Phase II, Darnall Army Community Hospital, is to educate and develop qualified Army Nurse Corps officers as beginning practitioners in anesthesia nursing. Successful completion qualifies graduates of the program to write the National Certification Examination in this specialty.

**B. Mission of Darnall Army Community Hospital:**

Fort Hood MEDDAC with its Military, Civilian, and Volunteer personnel, operates an integrated health care system providing clinical and preventive services in support of, and responsive to, the largest military installation in the Department of Defense. We educate and train medical personnel to a continual state of readiness.

**C. Program Philosophy:**

Nurse Anesthesia Students are enrolled in a program of professional education and are members of both the military and nursing professions. Therefore, the program faculty expects students to demonstrate professionalism in all endeavors. Students, as adult learners, are expected to be responsible, internally motivated and dedicated to learning the practice of nurse anesthesia. Daily clinical practice should reflect conscientious preparation, vigilance, attention to detail and adaptability to change. Professionalism also includes capacity for self-assessment and a desire for constant improvement. Students are expected to properly represent the profession of anesthesia nursing in all interactions with patients and other members of the health care team.

**II. CHAIN OF COMMAND**

**A. Organizational charts of the Anesthesia Program (Appendix A)**

1. US Army Graduate Program in Anesthesia Nursing, Phase II Faculty:

- |    |                         |                           |
|----|-------------------------|---------------------------|
| a. | Director:               | MAJ Daryl Magoulick, CRNA |
| b. | Assistant Director:     | Mr. John Pare, CRNA       |
| c. | Research Faculty Chair: | Dr. Johnson, Ph.D.        |

- d. Senior Clinical Instructor: Mr. Dale Douglass, CRNA
- e. Affiliate Site Coordinators:
  - Scott & White Memorial Hospital Mr. Mike Walsh, CRNA
  - Veteran's Administration: Mr. Tony Welch, CRNA
  - Parkland Memorial Hospital Ms. Susan Willis, CRNA
- f. Program Medical Director: LTC John Peacher, MGD
- g. Senior Students: Junior Students:
  - CPT Jerromy Jones CPT Rich Ales
  - CPT Dorianne May
  - CPT Lori Whitney

2. Anesthesia Nursing Staff:

- a. Chief: MAJ William Brock, CRNA
- b. Staff Anesthetists:
  - CPT Mercado, CRNA Mr. Redwine, CRNA
  - CPT Sexton, CRNA Mr. Augeri, CRNA
  - CPT Johnson, CRNA Mr. Douglas, CRNA
  - CPT Miles, CRNA Mr. McVicker, CRNA
  - CPT Pike, CRNA Ms. Johnson, CRNA
  - Mr. Sharp, CRNA
  - Ms. Terrill, CRNA
  - Ms. Kelly Raasch
  - Ms. Courtney Harrell
  - Ms. Charlene Koehler
- c. Anesthesia Technician: Ms. Anderson

3. Anesthesia and Operative Service:

- a. Chief: LTC Peacher
- b. Staff Anesthesiologist:
  - MAJ Knowles, MC MAJ Hammel, MC
  - MAJ Giarrizzo, MC CPT Carl Paleri
  - MAJ Hendricks, MC

a.	Chief	COL Howell
b.	Head Nurse (OR)	MAJ Maufas
c.	Medical Clerks:	Ms. Heron
d.	Operating Room Staff	

MAJ Section, AN	Ms. Camazine, RN
CPT Cox, AN	Ms. Johnson, RN
CPT Zuniga, AN	Ms. Fox, RN
CPT Gipson, AN	Ms. Richman, RN
CPT Morrison, AN	Mr. Mays, OR Technician
CPT Humphrey, AN	Ms. Ashton, OR Technician
LT Quarles, AN	Ms. Dolson, Supply Tech
LT Wells, AN	Ms. Coberly, Supply Tech
LT Fuller, AN	

6. Assistant NCOIC OR: SGT Anderson

- a. Head Nurse: Ms. Gubert, RN
- b. NCOIC RR: SGT Britton
- c. Recovery Room Staff:

Ms. Brannigan, RN	Ms. Bartnick, LVN
Ms. Barbiaux, RN	Ms. Clark, LVN
Ms. Harris, RN	Ms. Smith, LVN
Ms. McNeil, RN	
Mr. Primeaux, NA	
Ms. Young, Medical Clerk	

8. Central Materiel Section Head Nurse: MAJ Ramnarine-Sighn, AN

**B. Open Door Policy:**

The Hospital Commander, Chief Nurse and Company Commander have published Open Door Policy statements. These are posted on the OR bulletin board. The faculty for the Anesthesia Nursing Program maintains the same open door policy.

**III. PROTOCOL**

**A. Methods of Address:**

1. All active duty and retired staff and patients will be addressed by rank and surname. Students and faculty will be addressed by rank and surname.
2. Civilian staff and patients will be addressed as mister/misses/miss and surname. First name or nickname may be used for children or when requested by a patient.

**B. Uniforms:**

1. Wear of the Duty Uniform:
  - a. Classroom: BDUs with DACH name badge on left collar and wear Army green ear plug case on the top left shirt pocket's right (inside) button hole.
  - b. Preoperative and Postoperative Visits: Scrub suit with a clean lab coat, name badge. Lab coats are available from supply via memorandum.
  - c. Within the Operating Room Suite:
    1. Scrub suits, caps and shoe covers.
    2. The scrub hat will be correctly sized to cover all hair.
    3. Name tags will be worn on scrub suit at all times. Tape with printed name and rank is acceptable. Name tags should state name and rank on the first line and Graduate Student Nurse Anesthesia.
    4. When scrub suits are work outside of the OR, a white lab coat or cover gown with a name tag will be worn over the scrub suit. Caps, masks and shoe covers will be removed prior to leaving the OR and will be replaced prior to re-entering the OR.

5. Scrubs may be worn in the OR, OB, Preoperative anesthesia area and all connecting hallways. A lab coat must be worn in all other areas on the second floor.
  6. Tennis shoes, if utilized **exclusively** in the OR, may be worn without shoe covers.
- d. Physical Training: Official Army PT uniform: shorts, shirt, white socks, running shoes. Appropriate cold weather PT uniform as stipulated per Medical Company.
  - e. Appropriate civilian clothes may be worn when visiting hospitalized friends/family during normal visiting hours.
  - f. Appropriate professional civilian attire or Class Bs will be worn to and from civilian affiliate sites as directed by the site coordinators.
2. Maintenance:

You are expected to keep yourself neat and clean at all time. The uniform will be clean and pressed. Shoes will be clean and polished. Your appearance, hair style/cut will be IAW AR 670-1. Remember that you represent the US Army, Darnall and the Anesthesia Nursing profession.

**C. Off-Duty Employment:**

Employment outside Darnall while in student status is not permitted.

**D. Telephones:**

1. Telephone numbers for faculty and adjunct faculty and other important numbers are available in the department and at the school.
2. Autovon lines are available on class A phones in the anesthesia workroom and in the faculty offices. Dial 988 followed by the number you wish to call.
3. All students must have a phone. Notify faculty immediately in the event of a change of address and/or home telephone number. You are to notify the Chief Nurse's Office, Chief Nurse Anesthetist and Personnel as well.



**E. Duplicating Facilities:**

The program copier is available to the students for duplicating journal articles, etc. There is also a copier available in the room next to the preoperative holding area in the OR. Copyright regulations will be adhered to.

**F. Medical Library, 288-8366/8367:**

1. The Medical Library is located on the second floor, near the L&D area. The Library is open from 0730-1630, Monday through Friday. You may gain access after hours from the AOD, first floor entrance. You must sign in and you are accountable for the security of the library when you leave. Please make sure the door is closed and locked.
2. Darnall has one of the most outstanding libraries in the AMEDD. You will find numerous anesthesia texts and journals. Mr. Norton is the librarian and an extremely valued asset to our program. He can help with Medline searches, etc. The library also has microfiche capabilities.
3. Most of the anesthesia texts you will need are available in the classroom.

**D. Other:**

1. Periodically, notification alerts and implementation of mascal exercises will require students to report for duty or to check in by telephone. Compliance is mandatory and is one of the requirements of military duty.
2. All students are expected to meet all recurrent and periodic suspenses. These may include but are not limited to:

Recording clinical experiences on your CCNA record.  
Recording clinical experiences on the case board Daily.  
Birth month activities review with annual TB testing.  
Licensure/BLS/ACLS  
Review student e-mail on Student Computer.

**IV. Academic/Clinical:**

**A. Duty Hours:**

1. Classes are held in the Anesthesia Program Classroom, Room #248, Building 36001, 2<sup>nd</sup> floor, from 0800-1700 hours. A class schedule will be posted and you will refer to your own copy of the master schedule for times and dates.

2. Clinical Experience. All preparation for the clinical day must be completed by 0630 hours. Morning report begins promptly at 0630 hours. Students will attend morning report and all scheduled inservices (Thursday) unless involved in administering anesthesia.
3. Call Duty:
  - a. As scheduled, in the latter part of the program.
  - b. You will be briefed regarding call duties/guidelines before you begin your rotation.
4. Labor & Delivery, affiliate and other rotations will be scheduled in the latter part of the program.
5. During induction and emergence, clinical staff will be immediately available. All anesthetic records require a staff co-signature. The only exception to this is the post-op note written within 24 hrs of the anesthetic. All patients with a physical status III and greater will require a note documenting consultation with a staff anesthesiologist.

**B. Conduct in the Classroom:**

1. Food/drink is permitted in the classroom. Students are responsible for maintaining a clean and neat classroom.

**C. Student Expenses:**

1. You are also encouraged to purchase specialty texts in coexisting disease, pediatric and obstetric anesthesia, pharmacology, research, cardiothoracic anesthesia and monitoring. An on-going subscription to an anesthesia journal is also encouraged. Much of this is available at the Medical Library, which offers the student a variety of literature and texts. Students will be required to purchase a current major basic anesthesia textbook (i.e., Miller's Anesthesia or Barash's Clinical Anesthesia) and Miller's Basics of Anesthesia). Refer to the book list from Phase I for appropriate books.
2. Required Student Equipment:
  - a. Scissors
  - b. PDA (compatible Phase I approval)
  - c. OR shoes
  - d. Calculator
  - e. Stethoscope
  - f. Earpiece

3. Other Expenses:

- a. Certification Examination (approximately \$650.00). This will be due usually one month prior to graduation so it is around the Christmas Holidays.
  - b. Texas Nursing License (Approximately \$50.00). A requirement prior to out rotation.
  - c. Self-Evaluation Examination (SEE) (approximately \$110.00) This will be due around March/April time frame.
  - d. Board Review Course (Permissive TDY).
4. Student Reimbursements: It is your responsibility to keep copies of all submissions.
- a. The National Certification Examination is a one time reimbursable expense.
  - b. The book reimbursement will be in accordance with AR 351-3.
  - c. SEE Exam

**V. Health and Medical Care:**

**A. Sick Call:**

- 1. Notify faculty immediately (home or pager).
- 2. Report to the Family Care Clinic (288-8280), 1<sup>st</sup> Floor, across from Radiology. The normal hours for active duty sick call are:  
  
Walk-in hours: 0700-0730 Monday, Tuesday, Wednesday & Friday 1230-1300 Thursday; Appointments: Call 288-8888 for acute care, routine & chronic care. Weekends: Consolidated Sick Call for the post will continue to be on a walk-in basis. Sign-in is from 0800-1000.
- 3. Pick up medical records on the first floor across from the reception desk.
- 4. After normal duty hours, you are to report directly to the ACRC (Reception desk across from the Emergency Room). If you are placed on quarters or hospitalized at night, call or page a faculty member. The OR schedule may need to be changed so contact them as soon as possible.

**B. Dental Care:**

1. Darnall personnel use the Billy Johnson Dental Clinic located across the street from the hospital and their number is 286-7401. Appointment line is 286-7402.
2. Appointments are to be made on a case by case basis.
3. Excessive dental care will be cleared through director.
4. Daytime emergencies: Dental sick call is conducted on a walk-in basis, Monday through Friday, 0730-1030. Annual Dental exam is 7:30 – 10:00 and 12:30 – 3:00 Monday through Friday.

**C. Occupational Health:**

1. All anesthesia providers are enrolled in the Occupational Health Medical Surveillance Program.
2. Students must inprocess through Occupational Health for initial screening and enrollment. Bring health records to inprocess.
3. The Operating Room has been identified as a potentially hazardous area to pregnant female. Occupational Health screening and counseling is available to any pregnant student. Notify Director or Assistant Director promptly if you become pregnant.
4. Students will follow “Anesthesia Guidelines for Infection Control and Staff Protection” (Appendix B)

**VI. Military Leave:**

**A. Ordinary Leave:**

1. Student may take a total of 21 days of ordinary leave during Phase II.
2. 14 days block leave are taken during the Christmas Holidays.
3. The remaining week may be taken with the approval of the Program Director. It must not conflict with previously scheduled rotations and can not be taken while on academic probation. This week must be approved verbally at least two months in advance.
4. A completed DA 31 must be submitted to the Program Director for recommendation one month in advance. Approving authority is the Program Director or Assistant Director.

5. Training Holidays will be used for research days.
6. While on rotation, students will have the same holidays as the affiliate hospital staff.

**B. Emergency Leave:**

1. Notify Faculty.
2. Complete DA Form 31 via normal channels during duty hours. After duty hours, contact AOD at the front desk of hospital.
3. Contact the Red Cross for confirmation of eligibility for emergency travel orders.

**C. Absences/Passes:**

1. Any class or duty time lost to illness, injury or emergency leave does not count toward allowed ordinary leave time. However, if an individual has been ill for a protracted period, it may be necessary to disapprove requests for leave as such additional time away for the program jeopardizes the student's standing for graduation. When possible, clinical time will be made up. Protracted Illness/injury or other non-absences, which result in substantial loss of class or clinical time, may result in a recommendation for relief, recycle or extension.
2. Passes are required for trips that exceed a 200-mile radius from Fort Hood.

**D. Signing In and Signing Out on Leave:**

1. All military personnel must call in and out on all type of leave. The number to call in/out on leave is 286-7247 (0730-1600).
2. After duty hours call 288-8000-0 or 1-888-833-2607.

**VII. Physical Readiness and Weight Control:**

1. You are expected to remain within the height and weight standards IAW AR 600-9 throughout the program. An official APFT with a weigh-in administered at DACH in April and October.

**VIII. Scope of US Army Graduate Program in Anesthesia Nursing Phase II**

**A. Length of Program**

1. 72.5 weeks, six terms
2. Term I: 5 July to 30 October 2004
3. Term II: 4 October to 9 January 2005
4. Term III: 10 January to 3 April 2005
5. Term IV: 4 April to 26 June 2005
6. Term V: 27 June to 18 September 2005
7. Term VI: 19 September to 9 December 2005

**B. Affiliation Rotations:**

1. Each DACH Phase II student will participate in rotations lasting two to six weeks at Medical Centers as scheduled.
2. Emphasis of these rotations is on vascular, cardiothoracic, neuro, trauma and high-risk obstetrics anesthesia. Additional experience is also available with Physical Status Class III and IV patients at these sites.
3. This will involve time away from the Fort Hood area.

**C. Grades and Presentations (Phase II):**

1. Presentations include, but are not limited to, case presentations at M&M conferences, oral presentations in the anesthesia classroom, presentations to the 91D Course or the General Dentistry Students, presentations at the affiliate sites.
2. Students will be evaluated on their participation during seminars. Care plans will be reviewed and graded on a “pass” or “re-do” basis.

## **IX. Records and Reports:**

### **A. Evaluations:**

1. Students are evaluated formally and informally by Program Faculty and Adjunct Faculty in the Following ways:
  - a. Clinical Evaluations: The student is responsible for soliciting a completed evaluation from the assigned staff for a given clinical day. Clinical evaluation is a continuous process and is based upon:
    - 1) Daily progress.
    - 2) Input from all faculty members in the form of evaluation tools/and or anecdotal notes.
    - 3) Relationships with superiors, peers and co-workers in the Operating Room and all areas of the hospital.
    - 4) Clinical Evaluations are completed according to the following schedule:

Term I	Ungraded
Term II	Daily
Terms III & IV	Weekly
Terms V & VI	Weekly
  - b. Term Evaluations: Completed by faculty at the end of each term. Reviewed with student during a formal term counseling session to discuss clinical, academic and professional performance.
  - c. Academic Evaluations: Based upon class participation, presentations and clinical practicum evaluations. An Academic Evaluation Report (AER) will be generated at completion of this program and placed in your OMPF.
  - d. Officer Evaluations: You are expected to conduct yourself with the highest military standards. Evaluation of your professional demeanor is continual.
  - e. Other: Student teaching practicum evaluations such as inservices will be graded and documented in the term evaluations. Formal counseling statements, MRF's and anecdotal notes will be used during the evaluation process. All evaluation tools and counseling forms that are used with each student will be completed at the appropriate times and kept in the student's permanent school file.

2. Purpose:

The purpose of evaluations is to identify significant trends and particular needs regarding the student's clinical, academic and interpersonal/professional behavior. Evaluations, both positive and negative, are used to assess the student's overall progress toward accomplishment of the program objectives.

3. Criteria: The following criteria are used to evaluate the student's performance and progress in the program.

- a. Clinical proficiency, attitudes and habits of safe practice, responsibility, personal integrity, sound judgment and accuracy.
- b. Classroom participation, thoroughness in completing assignments, anesthesia care plans, interest in researching answers to clinical problems and receptiveness to constructive criticism.
- c. Military bearing and professionalism in all endeavors in the hospital, on post and away from the installation.
- d. Successful completion of affiliate rotations are a prerequisite for graduating from the program.

4. Grading:

***Clinical: If a student receives a failure on a clinical evaluation, the student must contact the Director or Assistant Director within 24 hours. This failure may not lead to a formal counseling statement but reporting to faculty helps to identify weaknesses or trends early so proper intervention can occur to foster student success.***

**B. AANA Clinical Case Record:**

1. Each student will keep an accurate daily and monthly log via Medatrax.
2. Content:
  - a. Types and numbers of surgical/anesthetic cases and procedures.
  - b. Anesthesia time.
  - c. Types and numbers of anesthetic agents used.
  - d. Total committed time.



**X. Counseling and Guidance:**

**A. How Often:**

1. Continual basis in the clinical area to provide the student with feed back.
2. As needed.
3. When requested by the student and/or faculty.
4. Every term. Term evaluations are discussed with and shown to each student. The student signs the evaluation form to indicate that he/she was counseled and has reviewed the written statements. This does not mean the student agrees or disagrees with the evaluation but only that he/she has read it. Refer to AR 351-12.

**B. Level of Counseling and Guidance:**

1. Adjunct Clinical Faculty
2. Assistant Program Director
3. Program Director
4. Chief Nurse
5. Hospital Commander
6. AMEDDC&S
  - a) Program Director Phase I
  - b) Chief, Nursing Science Division

**XI. Enrollment, Relief and Recycle of Officer Student Personnel**

Procedures for affording students due process are outlines in AHS Reg 351-12. Every effort should be made to resolve problems at the lowest level. Accordingly, Program Directors, Class Advisors, Counselors, Commanders and Supervisors will use the full range of appropriate preventive and corrective measures prior to initiating due process procedures. These include, but are not limited to, counseling and individualized instruction.

### **A. Probation:**

1. Purpose of probation: To help the student identify performance deficiencies, outline goals and actions for improvement and discuss potential consequences of continued deficiencies without improvement. Reasons for probation are defined in AMEDDC & S Reg 351-12.
2. Criteria for nonacademic probation: Personal behavior of such a nature that they interfere with class conduct, fail to meet prescribed standards of behavior, or constitute a habitual disciplinary problem.
3. Academic probation: Phase II students can be placed on probation for clinical failure. Length of probation will be determined by the Phase II Program Director, depending on the nature of the failure (e.g., first observation of unsafe incident vs. pattern of similar repeated failures). The minimum initial period is four weeks, but can be extended. Probation will end when evidence of correction or improvement is seen. If no improvement is seen at the end of probationary period (extension), relief procedures are initiated. The Program Director may decide that the student will not participate in clinical practicum at an affiliate site while on probation.
4. Procedures for probation: The student is notified of probationary status verbally and by letter. The letter will state the reasons for probation, the anticipated duration of the probation, and suggestions for improving academic or nonacademic performance. The student will acknowledge, by endorsement, receipt of the letter. Documentation of probation will be maintained in the student's academic records until he/she successfully completes the National Certification for Nurse Anesthetists. After that time, all counseling/probation records will be destroyed.

### **B. Relief:**

Standards, policies, and procedures for enrollment, relief, administrative disposition of students including the student appeal process are described fully in AMEDDC&S Reg 351-12 (in the SOP II Book) and are further defined here:

1. Academic reasons for relief:
  - a. Failure to meet academic standards as defined in this document. Failure to meet academic standards for continuance means dismissal from both the UTHHSC School of Nursing and the 6F-66F Course.
  - b. Sustained poor performance: Dismissal will be recommended for sustained poor performance regardless of the cumulative GPA. A 6F-66F Faculty Committee will convene to make the decision whether to recommend dismissal.

The Faculty Committee will convene to make the decision whether to recommend dismissal. The Faculty Committee will base its decision whether to recommend dismissal. The Faculty Committee will base its decision on the student's entire educational performance to include as a minimum the following: motivation, prior academic performance (s) in the course, classroom participation and clinical performance.

2. Nonacademic reasons for relief:

- a. A student may be relieved from the 6F-66F Course because of professional or personal misconduct.
- b. A student may be deemed unsuitable for the military nurse anesthesia speciality (66FAOC) based on failure to demonstrate acceptable professional or personal characteristics/attributes, which are considered requisite for success as a nurse anesthetist. Examples include: consistently poor judgement, inability to establish effective working relationships with patients or peers, inability to cope with or inappropriate response to stress, and substance abuse.
- c. Cheating or plagiarism on any examination will result in immediate relief from the 6F-66F Course. All individual papers are considered take-home examinations and must reflect individual effort. Discussion before or during the completion of the take-home examination is considered collaboration/assistance and is not authorized.
- d. No formal adjudication of guilt by military or civilian court, or under provisions of Article 15, is necessary to support relief under this section.
- e. Voluntary relief for personal reasons will be considered.
- f. Refer to AR 351-12 for further clarification.

## **XII. Affiliation/Transcripts/Grade Reporting:**

**A. Affiliation:** Upon successful completion of the entire curriculum, the student will receive a Master of Science Degree in Nursing from UTHHSC.

**B. Transcript Request:** when you send your request, including the following information. Name (one used during the course), SSN, exact dates of attendance (month and year), course title and number, mailing address(es), daytime phone or certification, the procedure is different. For more information contact the US Army Anesthesia Nursing Program Website ([www.dns.amedd.army.mil/crna/](http://www.dns.amedd.army.mil/crna/)).

**C. Grade Reporting:** The Program Director, Phase I, reports all grades to the UTHHSC Registrar.

### **XIII. Student Behaviors:**

- 1. Fraternalization:** All adjunct faculty, evaluate students. In order to ensure students are fairly evaluated, fraternization with any staff CRNA is not permitted.
- 2. Professional Behavior:** Students are expected to demonstrate professional behavior at all times. Emotional outbursts, including anger and frustration, can impair judgment and hamper patient care. Unprofessional behavior may be cause for relief.
- 3. Professional criticism of other's judgments:**
  - a. Should not occur in public where comments can be overheard or taken out of context. Use discretion.
  - b. Should be restricted to appropriate time/place (e.g., M&M Conference/counseling sessions).
  - c. Should be positive and constructive rather than negative.

## **APPENDIX A**

### **Organization Charts of the Anesthesia Program**

**U.S. Army  
Graduate Program in Anesthesia Nursing  
Phase II  
Darnall Army Community Hospital  
Fort Hood, Texas 76544**

**Commandant, AMEDDC&S**

**Dean, AHS**

**Chief, DSN**

**Program Director, 6F-66F**  
University of Texas at Houston Health Science Center

**Assistant Program Director, 6F-66F**

**DACH Local Policies**  
Administrative & Clinical Authority

**CRNA Instructor**

**Program Director, Phase II**  
**Maj Daryl Magoulick, CRNA**

**Assistant Program Director, Phase II**  
**Mr. John Pare, CRNA**

**Adjunct Faculty**  
**Advisor/Curriculum**  
**Faculty Committee**

**Senior Clinical Instructor**  
**Mr. Dale Douglass, CRNA**

**Adjunct Faculty**

Scott & White Medical Center  
Central Texas Medical Center (VA)  
Parkland Memorial Medical Center

**Faculty Committee**  
**Clinical Satellite Sites**  
**Student Body**  
**Phase I Student Body**

**Troop Commander Phase II**      **MAJ R.G. Dickinson**  
**Administrative Authority**

AMEDDC&S: Army Medical Department Center and School  
AHS: Academy of Health Science  
DNS: Department of Nursing Science  
DACH: Darnall Army Community Hospital

(DACH June 2004)

## **APPENDIX B**

### **Anesthesia Guidelines for Infection Control and Staff Protection**

**Refer to Anesthesia Department SOP**

## **APPENDIX C**

### **Army Policy Statement on Equal Opportunity**

**Refer to Anesthesia Department SOP**



## **APPENDIX D**

**Army Policy Statement on Sexual Harassment**

**Refer to Anesthesia Department SOP**

## APPENDIX E

### Alert Roster

